



LISTENING SESSION RESULTS REPORT

March 25 - April 22, 2025

INTRODUCTION

This report summarizes feedback from individuals across Missouri about the state’s child care licensing rules. The purpose of this report is to give stakeholders a clear picture of what feedback was given from providers, parents, and others regarding the rules and what changes are needed. The report organizes what was shared, including both detailed comments on specific rules and broader concerns about how the system works in practice.



Background Information

During the State of the State Address on January 28, 2025, Governor Mike Kehoe, introduced Executive Order 25-15, which emphasized the importance of accessible, affordable, and high-quality child care for families and communities in Missouri.

He recognized the vital role of child care providers but acknowledged that complex regulations deter individuals from entering the field.

To address this, he charged the Office of Childhood with improving the regulatory environment while maintaining safety standards, which includes reducing burdensome regulations by at least 10%, enhancing the clarity of licensing requirements, and engaging stakeholders such as rural and urban providers, child welfare organizations, and families.

The listening sessions held in March and April 2025 align with the Executive Order’s goal to engage stakeholders across Missouri to provide feedback on the regulatory environment.

HOW INFORMATION WAS GATHERED

To understand how Missouri's child care licensing rules are working in practice, we gathered input from people across the state through two main efforts: listening sessions and written comments.

Between March and April 2025, fourteen listening sessions were held in locations across Missouri, including both in-person and virtual events. Meetings were scheduled at different times of day and in diverse geographic areas to ensure a wide range of voices were heard. Participants shared firsthand experiences with the current rules and offered suggestions for what should be kept, clarified, or changed.

The listening sessions were well attended across all regions. Attendance for the sessions is listed in the graphic below:



Stakeholders had the opportunity to provide written feedback during the sessions, and were also able to submit written comments directly to DESE. Some comments focused on specific rules, while others raised general concerns about the child care regulatory environment operations.

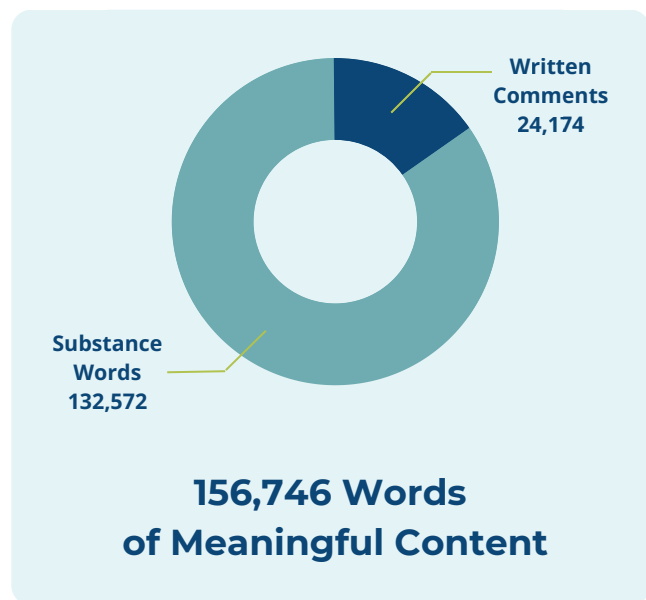
Together, the listening sessions and written comments provided a strong foundation for understanding how the rules are experienced in real settings and where stakeholders believe improvements are needed.

HOW INFORMATION WAS ANALYZED

To convert the feedback into actionable suggestions, we began by transcribing all listening session recordings and written submissions into searchable text.

Listening sessions yielded approximately 132,572 “substance words,” while the written comments produced around 24,174, for a total of about 156,746 words of meaningful content.

Substance words are the parts of a response that actually carry ideas, suggestions, or concerns—not things like “um,” introductions, or instructions for submitting feedback. By focusing on these core words, we were able to better understand what stakeholders really wanted to say.



Once the full text was prepared, we conducted a thematic content analysis that combined qualitative review with basic frequency counts. Comments were grouped by topic and, when possible, linked to the specific licensing rules being referenced. We flagged high-frequency terms, recurring themes, and shared concerns that cut across provider types and regions. This helped distinguish one-off suggestions from widely shared experiences and revealed both specific rule issues and broader frustrations with how the rules are applied.

The structure of this report reflects that analysis. It starts with major topic areas where concerns were voiced most often, then moves into feedback on individual rules, and suggested changes to how rules are written. It also includes ideas worth individual attention, areas where stakeholder feedback aligned with DESE staff insights, and a look at how this feedback is being used to inform the next stage of public engagement: a statewide survey to refine and test potential revisions.

MAJOR THEMES

Major themes emerged throughout the listening sessions, both from the audience in attendance during the listening sessions and from written feedback. These themes have been grouped into three categories as outlined below:

Topic Areas

Twelve topics that emerged as major themes include: safe sleep, training requirements, staff to child ratios and group sizes, recordkeeping and documentation, furniture and physical space requirements, playgrounds and outdoor space, background checks and fingerprinting, nap time supervision, transportation, food service and meal practices, environmental conditions, and posting and display requirements.

Rule Specifics

Many stakeholders referenced specific rules or rule sections, including: child care program, admission policies and procedures, records and reports, personnel, staff/child ratios and group size, indoor play equipment and materials, health care, medical examination reports, annual requirements, fire safety, nutrition and food service, and physical requirements.

Rule Change Approaches

Stakeholders also offered suggestions to improve how the rules are written, such as removing terms that leave room for interpretation, using plain language so the rules are easy to read and understand, removing repeated concepts, and allowing flexibility for diverse child care settings.

MAJOR THEMES

Topic Areas

SAFE SLEEP

Safe sleep requirements were one of the most frequently mentioned topics in both written and verbal stakeholder feedback. Providers consistently said they understand the intent of the rules—to keep infants safe—but expressed concern that some requirements don’t match current research, pediatrician recommendations, or everyday operation of child care settings.

Some issues that were raised include:

- whether pacifiers can have attachments,
- whether sleep positioners are allowed if a child has reflux, and
- whether swaddling can be permitted when requested by a parent or recommended by a doctor.

Sound machines were another common point of discussion. Some providers use them to soothe infants or reduce background noise, but questioned whether this is technically allowed under current rules.



While most providers agreed that sleep safety should remain a priority, many asked for clearer guidance, more flexibility when supported by a medical recommendation, and rule updates that reflect current research and safe practices in home and center environments.

TRAINING REQUIREMENTS

Training requirements were another high-frequency topic, especially among family child care home providers and smaller centers. Many stakeholders said they support ongoing training in principle but feel that the current system is too complicated, too time-consuming, and not always relevant to their day-to-day work.

A common concern was the Missouri Professional Development (MOPD) system. Several providers described difficulty registering for training, tracking completed hours, or getting credit for in-person or external sessions. Others mentioned that training requirements seem duplicative—requiring similar content each year without clear updates or changes.

Additionally, some also noted that it’s unclear which trainings are required by licensing versus required by subsidy or workforce support programs, leading to confusion and over-compliance.

Some family child care home providers described challenges meeting training requirements because they are not allowed to complete training during nap time. They asked for more flexibility in how supervision expectations are interpreted, especially when children are sleeping and the provider remains within hearing range.

Stakeholders recommended several improvements: consolidating trainings where possible, improving MOPD functionality, accepting more in-person and community-based training options, and clearly stating which trainings are mandatory—and why.



STAFF/CHILD RATIOS & GROUP SIZES

Staff-to-child ratios and group size limits came up often, particularly in the context of day-to-day operations. Providers said the current rules don't account for the realities of running a program when someone is out sick, a child needs one-on-one attention, or a brief transition (like diapering or answering the door) pulls staff away.

Family child care home providers described unique challenges, since they often have no support staff and must manage all tasks while remaining in ratio. Several stakeholders asked for more flexibility during transitions, or at least clearer guidance on what is allowed when briefly out of ratio.



Several stakeholders also raised concerns about how ratios are calculated in family child care settings when the provider's own children are present. Some asked whether these relatives could be excluded from the count, particularly when they are not receiving care. Others pointed to the impact of statutory changes that have removed previous flexibility in this area.

Some group child care home and child care center providers also noted confusion between ratio and group size rules, especially when caring for mixed-age groups. Others questioned whether ratios should differ based on staff qualifications or the time of day. The feedback for this topic reflects a shared desire for safety and supervision, but also for rules that recognize short, unavoidable disruptions and the realities of staffing in a child care setting.

RECORDKEEPING & DOCUMENTATION

Providers frequently raised concerns about the amount of paperwork required to stay in compliance. Many said the documentation expectations feel excessive, especially for small programs where the provider is also the cook, the cleaner, and the caregiver.

Some comments focused on the volume of required records—daily logs, attendance sheets, medication forms, and incident reports—while others focused on unclear expectations about how long to keep records, where they should be stored, or what format is acceptable. Several providers said they’ve received conflicting instructions from different inspectors.

There was a strong call for simplification—shorter forms, fewer redundancies, and clear lists of what must be documented and for how long. Several stakeholders also asked that required forms be made fillable, printable, and easy to understand. This feedback points to a common theme: providers don’t oppose documentation, but they want it to be practical, purposeful, and clearly and concisely defined.

FURNITURE & PHYSICAL SPACE REQUIREMENTS

Stakeholders raised repeated concerns about physical space and furniture requirements, especially around crib and cot spacing, required square footage per child, and arrangement of indoor areas. Many providers said the rules are difficult to meet in smaller or older buildings, even when safety and comfort are not an issue.

A common point of frustration was the two-foot spacing rule for cribs and cots. Several providers said they struggle to meet this requirement, even though they use barriers or staggered sleep schedules. Others mentioned challenges with storage space, including confusion over what counts as accessible to children versus what must be stored out of reach.



Several providers also noted that furniture requirements—like having specific types of chairs, tables, or shelves—sometimes feel more like personal preferences than safety issues. There was general agreement that safety should come first, but that rules need to better reflect the physical realities of different buildings and layouts.

PLAYGROUNDS & OUTDOOR SPACE

Outdoor space requirements were another area where providers expressed concern, especially around surfacing, fencing, and definitions of what qualifies as a play area. Several comments focused on the cost and difficulty of maintaining outdoor surfaces that meet licensing expectations, particularly for smaller or rural programs.

Concerns were also raised about the square footage requirements for outdoor play, particularly the 75 square feet per child standard. Some providers questioned whether this was appropriate for infants or non-mobile children and suggested a more proportional approach based on age or mobility.

There was also confusion about what counts as “outdoor space,” whether temporary barriers are allowed, and how long a space must be shaded or enclosed to meet requirements. Some providers mentioned being cited for issues that seemed minor or cosmetic, while others asked for clearer rules around use of public or shared outdoor areas.



There was general support for having safe outdoor play spaces, but also a desire for more flexibility, especially when providers are using creative or shared solutions to give children time outside. Several suggested that the rules should focus more on outcomes (e.g., time outdoors, safety) and less on prescriptive physical standards.

BACKGROUND CHECKS & FINGERPRINTING

Stakeholders shared frequent concerns about background checks and fingerprinting, especially around delays, costs, and confusion about what is required for whom. Many providers reported long wait times for results, which made it difficult to hire or retain staff. Others noted challenges in getting substitutes or volunteers cleared quickly.

Several comments pointed to inconsistencies between programs; for example, whether a background check completed for one agency or funding source could be used for another. Some also questioned whether certain requirements (like fingerprinting for occasional visitors or support staff) were necessary or clearly explained.

There was strong agreement that background checks are important, but the process should be faster, less duplicative, and more clearly communicated. Many providers said they would like to see a centralized or streamlined system that reduces administrative burden while still ensuring safety.

NAP TIME SUPERVISION

Nap time rules raised concerns for both center-based and home-based providers, particularly around what counts as adequate supervision. Many said they understand the importance of keeping children safe during rest, but find it difficult to meet expectations like "sight and sound supervision" when managing multiple tasks or children in different rooms.

Several stakeholders asked for clarity on what is allowed during nap time. For example, whether it is acceptable to briefly step away to help another child, use the restroom, or prepare lunch. Others expressed concern about being cited even when they felt supervision was sufficient.

Related concerns were raised about whether nap time could be used for completing required paperwork, particularly in family child care homes. Several providers expressed frustration that regulations appear to limit any movement or alternate activity, even when children are sleeping safely within range.



Many providers asked for more realistic guidance that allows them to maintain safety without being overly restricted. There was also interest in clearer definitions—what exactly counts as “sight and sound,” and how it can be documented or demonstrated during inspections.

TRANSPORTATION

Transportation rules were mentioned by a number of stakeholders, particularly those operating family child care homes or programs that transport children to and from school. The most common concerns involved vehicle safety requirements, driver qualifications, and documentation expectations.

Several providers expressed confusion about whether personal vehicles used for drop-off and pick-up must meet the same standards as center vans. Others raised concerns about insurance requirements, child restraint guidelines, or the need to provide documentation for transportation that happens only occasionally.

Some providers also asked for better alignment between licensing rules and transportation policies from other agencies, like school districts or Head Start. Overall, the feedback suggested that while safety is not in question, the rules could be more clearly defined and scaled to fit different program types and situations.

FOOD SERVICE & MEAL PRACTICES

Several stakeholders raised concerns about food-related rules, especially where licensing requirements differ from Child and Adult Care Food Program (CACFP) guidelines. Providers said it's often unclear which standard to follow, and that conflicting expectations about food temperature, portion sizes, and meal service lead to confusion during inspections.

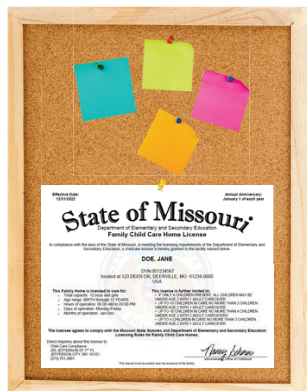
Comments also pointed to challenges with food storage, preparation, and sanitation rules, particularly in family child care homes where kitchens are shared with the provider's household. Some providers said the documentation burden—like temperature logs and food service records—feels excessive for programs serving simple meals or snacks.



ENVIRONMENTAL CONDITIONS

Several stakeholders raised concerns about indoor environmental standards, including room temperature and lighting. The rule limiting temperature to no more than 85°F was frequently cited as too high, with some suggesting that 75°F would be a more comfortable and safer maximum for young children. Others questioned the rule's use of “footcandles” to define required lighting levels, describing it as outdated and unclear. Providers asked that these standards be updated to reflect modern understanding of comfort and usability across different facility types.

POSTING & DISPLAY REQUIREMENTS



Stakeholders raised concerns about the number of items that must be posted and the lack of clarity around what “posting” actually means. Some said they were cited for failing to display documents that were available in binders or on request. Others expressed discomfort with publicly posting personal or emergency contact information, especially in family child care homes where privacy is more limited.

There were also questions about whether menus and notices must be physically on a wall, available digitally, or simply accessible upon request. Several providers asked for clearer definitions of what “must be posted,” where, and in what form.

MAJOR THEMES

Rule Specifics

CHILD CARE PROGRAM | 5 CSR 25-500.182 & 5 CSR 25-400.175

There were extensive comments about this rule section. Stakeholders expressed concern about vague terms like “competent” and “spoken to harshly,” which they felt left too much room for interpretation. Sections on diapering, discipline, and supervision were described as confusing or repetitive, and several providers said the rule restricts their ability to make reasonable decisions in real-time situations.

Several providers expressed confusion about whether time-out is required, permitted, or prohibited under this rule. Some stakeholders said the language led to inconsistent interpretations. This has resulted in situations where providers believed they were either required to use time-out or were cited for using it inappropriately. Stakeholders recommended clarifying that time-out is not mandated and may be used appropriately within the bounds of respectful and non-punitive discipline. They also asked for examples and plain-language guidance to help interpret the rule consistently across different settings.

ADMISSION POLICIES & PROCEDURES | 5 CSR 25-500.132 & 5 CSR 25-400.135

Many felt this rule section includes details—especially around safe sleep—that don’t belong in the admissions section. There were calls to streamline or remove language about individualized care plans and immunization documentation, which some found redundant or unclear.

PERSONNEL | 5 CSR 25-500.102 & 5 CSR 25-400.105

This rule section was cited repeatedly in connection with hiring challenges. Stakeholders said that the director qualifications don't allow them to hire experienced individuals without formal degrees to be a director. There were also frustrations with MOPD-related documentation, and a general feeling that orientation requirements were too rigid. Some asked for clearer language around junior aides and staff roles.

STAFF/CHILD RATIOS & GROUP SIZE | 5 CSR 25-500.112

The chart in this rule section was a common point of confusion. Providers felt it was difficult to interpret and sometimes internally inconsistent. Specific concerns were raised about toddler ratio limits and mixed-age groups. The consensus was that clearer, simpler language would help.

INDOOR PLAY EQUIPMENT & MATERIALS | 5 CSR 25-500.092 & 5 CSR 25-400.095



Multiple comments flagged the “40 items per 10 children” rule as excessive and financially unrealistic, especially for smaller providers or for those just starting up. Cot spacing requirements were also mentioned, along with concerns that the list of materials was outdated.

HEALTH CARE | 5 CSR 25-500.192 & 5 CSR 25-400.185

Stakeholders said this rule section was too vague and sometimes resulted in inspectors requesting documentation that wasn’t clearly required. Immunization rules, in particular, were seen as being duplicated across multiple sections.

MEDICAL EXAMINATION REPORTS | 5 CSR 25-500.122 & 5 CSR 25-400.125

This rule section received strong pushback. Providers objected to requirements for mental and physical health statements and TB testing. Many said these requirements felt invasive or unnecessary. On the other hand, some providers felt like long-time employees should have to get another medical exam at some point to ensure they can still provide adequate care.

ANNUAL REQUIREMENTS | 5 CSR 25-500.052 & 5 CSR 25-400.055

Several providers described frustration with redundant inspections and unclear expectations around equipment checks. There were suggestions to better align these requirements with other inspections (like fire or sanitation) to reduce disruption.

FIRE SAFETY | 5 CSR 25-500.087 & 5 CSR 25-400.086

While few questioned the need for safety, many questioned why these rules seemed to repeat what the fire marshal already inspects. The 30% wall decoration limit was repeatedly flagged as unrealistic and confusing.

NUTRITION & FOOD SERVICE | 5 CSR 25-500.202 & 5 CSR 25-400.190

A few providers raised concerns about this section in relation to CACFP alignment and documentation expectations. Comments focused on uncertainty about what needs to be posted, what must be recorded, and how to navigate inconsistent guidance between agencies. Some asked for simpler rules or a unified standard when participating in both programs.



PHYSICAL REQUIREMENTS | 5 CSR 25-500.082 & 5 CSR 25-400.085

This rule was cited by stakeholders who questioned the current indoor temperature maximum (85°F), particularly during summer months. Several providers said this standard is too high for safe infant care and requested a lower threshold. Others flagged confusion about lighting measurements, asking whether “footcandles” could be replaced with simpler or more modern terms.

MAJOR THEMES

Rule Change Approaches

In addition to feedback about specific rules, many stakeholders offered broader suggestions about how the rules themselves should be written. These comments were less about *what* the rules say and more about *how* they say it. The most common themes focused on clarity, flexibility, and organization.

1

REDUCE THE USE OF VAGUE LANGUAGE

Stakeholders repeatedly said the rules use vague or subjective terms that leave too much room for interpretation. Words like “appropriate,” “readily accessible,” “immediately,” and “adequate” were seen as unclear, especially when different inspectors interpreted them in different ways.

2

INCREASE THE USE OF PLAIN LANGUAGE

There was also a strong call for plain language. Providers said the current rules feel overly formal, hard to read, and full of technical phrasing that could be simplified without losing meaning. Some asked for side-by-side explanations in everyday terms or visual aids like checklists or flowcharts.

3

REDUCE REDUNDANCY

Redundancy was another issue. Many stakeholders said the same concepts are repeated in different sections, which makes the rules harder to follow and easier to misinterpret. Some sections were flagged as combining unrelated topics that should be separated.

4

ALLOW FOR FLEXIBILITY

Finally, there were calls to allow flexibility for different settings. Stakeholders emphasized that family child care homes, small centers, and large programs have very different needs. Many asked for rules that allow for multiple ways to meet the same goal—especially when it comes to space, supervision, and documentation.

ADDITIONAL SUGGESTIONS

While many stakeholders focused on frustrations or concerns, a number of comments offered creative, forward-thinking ideas for improving the regulatory system. These suggestions were typically mentioned by just one or two people, but stood out for being practical, clearly explained, and worth consideration.



Some of these additional ideas include:

- **PORTABLE TRAINING PORTFOLIOS**

Several stakeholders proposed a statewide training record system that stays with the individual—not the employer—so staff moving between programs don't have to repeat training or re-enter data.

- **GRACE PERIODS FOR NEW STAFF**

A few providers recommended a short grace period (e.g., 7–10 days) where new hires could work under supervision before all onboarding paperwork and background checks are finalized.

- **RULES BY SETTING TYPE**

Some suggested writing versions of the rules that are tailored to setting—family homes vs. centers—rather than applying the same language across all types of care.

- **VISUAL GUIDES FOR COMPLIANCE**

A few stakeholders asked for visual examples—photos, diagrams, or checklists—that show what compliance looks like for things like cot spacing, food storage, or safe sleep.

- **RULE IMPACT REVIEWS**

One suggestion was to review rules every few years to see if they are still working, with public input as part of that process.

- **SCREEN TIME LIMITS**

Although not a dominant theme, several stakeholders recommended adding clear limits on screen use—especially for infants and toddlers—based on guidance from groups like the American Academy of Pediatrics. Even providers who rarely use screens said clearer expectations would help.

DESE STAFF ALIGNMENT

with Stakeholder Feedback

DESE staff were also invited to provide feedback separately from the stakeholder sessions. In reviewing internal comments from DESE staff, a clear pattern emerged: many of the same concerns raised by external stakeholders were also flagged by internal reviewers. While staff feedback was often technical and focused on rule structure, it closely matched the themes raised in listening sessions and written comments.

One area of strong alignment was around redundancy. Both DESE staff and stakeholders noted that similar requirements appear in multiple rules—especially around safe sleep, documentation, and administrative responsibilities. Several internal comments suggested combining or removing overlapping rules to reduce confusion and streamline the regulatory text.

There was also agreement that some rules are overly vague or subjective, using terms like "appropriate" or "readily accessible" without clear definitions. Stakeholders described how this leads to inconsistent enforcement, and DESE staff pointed out that these same words are difficult to apply uniformly during inspections.

Another shared concern involved rules that simply restate existing statutes. Stakeholders often asked why certain requirements were in the licensing rules if they're already required by law. DESE staff echoed this, recommending that some statutory content be removed from the licensing text to avoid duplication or misinterpretation.

Finally, both groups called for clearer, more usable rules—not just in language, but in structure. Stakeholders asked for plain language and visual examples; staff recommended consolidating rules with similar content and separating out sections that try to do too much at once.

While there weren't any sharp disagreements—no clear cases of one group wanting to keep a rule while the other wanted it eliminated—there were some natural differences in perspective. Stakeholders tended to focus on how the rules affect their ability to operate programs day to day, while DESE staff were more concerned with how to write, enforce, and interpret those same rules consistently. These differing roles shape how each group views the system, but they often point toward the same goal: clearer, more usable rules that support safe, high-quality care without unnecessary confusion or burden.

STAKEHOLDER SURVEY

Moving from Feedback to Broader Engagement

The feedback presented in this report reflects the input of hundreds of participants across listening sessions and written comments. These discussions gave us an in-depth look at which rules are working, which are not, and where clarity or change is most urgently needed. But as thorough as this initial outreach was, it did not capture every voice. Many providers, staff, and community members who will be affected by rule changes weren't in the room—and we want to make sure they have a way to weigh in on the major themes heard during the listening sessions.

To reach the broadest possible audience, the next step is a stakeholder survey. This survey has been carefully designed to build directly on the themes outlined in this report. Rather than start over or ask vague questions, it takes what we've already heard and invites people to help shape the next phase.



The survey includes sections that:

- Present side-by-side versions of existing and proposed rule language so stakeholders can compare and respond.
- Focus on frequent topics of concern, such as staff qualifications, substitute coverage, sick child policies, and ambiguous wording.
- Explore stakeholder responses to plain language drafts, giving us a way to test not just whether change is needed, but how it should look.
- Include open-ended questions for feedback on forms, documentation, and other implementation challenges, where lived experience plays a key role.

This tiered process ensures that we are not just collecting feedback in a loop, but are advancing it. The listening sessions and comments told us *what* needs attention. The survey will help us understand *how* those changes should be made, and how well potential revisions match real-world needs. The goal is not just a cleaned-up set of rules, but a set of rules that providers can follow, parents can understand, and children can benefit from—because the people who use the system helped shape it.

CONCLUSION

This report reflects an unprecedented level of engagement among those most affected by Missouri’s child care licensing rules. Through listening sessions, written comments, and staff input, a clear and consistent message has emerged: the current rules need not only revision, but rethinking—toward clarity, consistency, and usability. Stakeholders were not asking for lower standards. They were asking for smarter ones—rules that protect children without overwhelming the people who care for them.

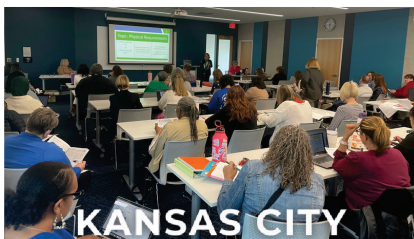
Many of the concerns raised were not about what the rules intend, but how they are written, interpreted, and enforced. Words like “appropriate,” “immediately,” and “readily accessible” may seem simple on the page, but in practice they create uncertainty and inconsistency. When those uncertainties affect hiring, supervision, or safe sleep practices, they become more than just language issues—they become operational roadblocks.

The path forward is grounded in what stakeholders have already said: focus on clarity, reduce unnecessary burden, and preserve what works.

Factors to Consider

The preliminary feedback gathered during the listening sessions helps to understand the pain points of child care regulations, as well as what is working well. Along with this input, DESE will also consider the following factors when revising regulations:

- Rules in place to ensure Missouri meets federal standards.
- Rules in place due to Missouri law.
- Rules with assigned weights from the risk assessment survey conducted in the summer of 2024.
- Rules that appear several times and can be consolidated.
- How often rules are cited.
- Nationwide best practices for children’s health and safety.



If we stay rooted in the feedback and these factors, Missouri has an opportunity to create a child care regulatory environment that is not only stronger, but smarter—and one that earns the trust of those it is meant to support.